

GRIEVANCE FORM

- 1. Employee Filing Grievance: _____
- 2. Date Grievance Occurred: _____
- 3. Nature of Grievance and why the action is perceived to be a work related injustice or oppression: (Please give specific details of what happened)

- 4. Historical Information Related to the Grievance:

- 5. Previous Attempts to Informally Resolve the Grievance:

- 6. Requested Resolution:

By signing and submitting this form, I acknowledge that City staff will disclose this information to those that need to know, including the individual implicated with the basis of the grievance.

Employee's Signature

Date Filed

Supervisor's Signature

Date Received

Notes:

REV 09-14.1

A21-2